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August 14, 2006

From: Curtis A. Vock

Matter No.: 434818

| To:                                     | Company:           | Fax Number:    | Phone Number: |
|---|--------------------|----------------|---------------|
| Mail Stop: Amendment,<br>Examiner Arana | U.S. Patent Office | (571) 273-8300 |               |

Number of Pages Transmitted (including this cover sheet): 18

Message:

Inventor(s) Paul M. Meaney et al.

Serial No. 10/529,451

Filed March 28, 2005

For IMAGING BY MAGNETIC RESONANCE  
 ADSORPTION, ELASTOGRAPHY AND  
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Examiner Arana, Louis M.

Art Unit 2859

Conf. No. 6756

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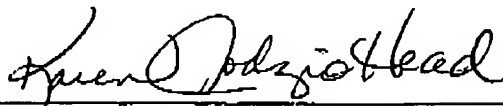
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| <b>CERTIFICATE OF FACSIMILE TRANSMISSION 37 CFR 1.8</b>   |                |                | Matter No.     |
| Applicant(s): Paul M. Meaney, et al.  |                |                | 434818         |
| Serial No.  | Filing Date    | Examiner       | Group Art Unit |
| 10/529,451  | March 28, 2005 | Louis M. Arana | 2859           |
| Invention      Imaging By Magnetic Resonance Adsorption, Elastography and Tomography  |                |                |                |
| <p>I hereby certify that the following: Facsimile Cover Sheet (1 page); Transmittal Form (1 page); Response To Restriction Requirement Under 35 U.S.C. § 121 (11 pages); Petition For Extension of Time Under 37 CFR 1.136(a) (1 page in duplicate); Fee Transmittal For FY 2006 (1 page in duplicate); authorization to charge Deposit Account No. 12-0600 in the amount of \$160.00 (\$60 for the extension fee and \$100 for the extra independent claim); are being sent via facsimile transmission to Mail Stop: Amendment, c/o the Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 14th day of August, 2006</p> |                |                |                |
| <p>Karen Jodzio-Head<br/>Name of Transmitter</p>  |                |                |                |
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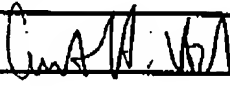
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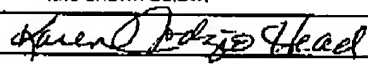
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|  |                      |                        |        |
|--|----------------------|------------------------|--------|
| <b>TRANSMITTAL<br/>FORM</b>                              | Application Number   | 10/529,451             |        |
|  | Filing Date          | March 28, 2005         |        |
|  | First Named Inventor | Paul M. Meaney         |        |
|  | Art Unit             | 2859                   |        |
|  | Examiner Name        | Louis M. Arana         |        |
| (to be used for all correspondence after initial filing) |                      |                        |        |
| Total Number of Pages in This Submission                 | 18                   | Attorney Docket Number | 434818 |

| ENCLOSURES (check all that apply)  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Certificate of Facsimile<br>Facsimile Cover Sheet |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm                                       | LATHROP & GAGE LC   |          |        |
| Signature                                  |  |          |        |
| Printed Name                               | Curtis A. Vock  |          |        |
| Date                                       | August 14, 2006   | Reg. No. | 38,356 |

| CERTIFICATE OF TRANSMISSION/MAILING   |   |      |                 |
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| Signature   |  |      |                 |
| Typed or printed name   | Karen Jodzio-Head   | Date | August 14, 2006 |

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| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).                   |  | Complete If Known    |                |
| <b>FEE TRANSMITTAL<br/>for FY 2006</b>  |  | Application Number   | 10/529,451     |
|   |  | Filing Date          | March 28, 2005 |
|   |  | First Named Inventor | Paul M. Meaney |
|   |  | Examiner Name        | Louis M. Arana |
|   |  | Art Unit             | 2859           |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Attorney Docket No.  | 434818         |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | 100.00               |                |

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | _____          |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | _____          |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    | _____          |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   | _____          |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | _____          |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims              | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity Fee (\$) | Small Entity Fee Paid (\$) |
|---------------------------|--------------|----------|---------------|-----------------------|----------------------------|
| 15                        | -20 or HP= 0 | x \$25   | = \$0         | 50                    | 25                         |
|                           |              |          |               | 200                   | 100                        |
|                           |              |          |               | 360                   | 180                        |
| Multiple Dependent Claims |              |          |               | Fee (\$)              | Fee Paid (\$)              |
|                           |              |          |               | \$180                 | \$0                        |

**Indep. Claims**

6 - 5 or HP= 1 x \$100 = \$100

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

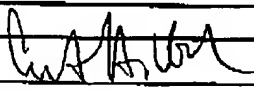
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

|                     |   |                  |                 |
|---------------------|---|------------------|-----------------|
| <b>SUBMITTED BY</b> |   |                  |                 |
| Signature           |  | Registration No. | 38,356          |
| Name (Print/Type)   | Curtis A. Veck  | Telephone        | (720) 931-3011  |
|                     |   | Date             | August 14, 2006 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| <b>FEE TRANSMITTAL<br/>for FY 2006</b>  |  | Application Number   | 10/529,451     |
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|   |  | Art Unit             | 2859           |
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| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | (\$) 100.00          |                |

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- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

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**2. EXCESS CLAIM FEES****Fee Description**

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Each independent claim over 3 (including Reissues)

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|---------------------------|---------------|----------|---------------|-----------------------|----------------------------|
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|                           |               |          |               | 200                   | 100                        |
|                           |               |          |               | 360                   | 180                        |
| Multiple Dependent Claims |               |          |               | Fee (\$)              | Fee Paid (\$)              |
|                           |               |          |               | \$180                 | \$0                        |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| 6             | - 5 or HP= 1 | x \$100  | = \$100       |

HP = highest number of independent claims paid for, if greater than 3.

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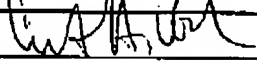
| Total Sheets | Extra Sheets  | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|---------------|--|----------|---------------|
| _____        | - 100 = _____ | / 50 = _____ (round up to a whole number) x      |          |               |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

|                   |   |                                      |                 |           |                |
|-------------------|---|--------------------------------------|-----------------|-----------|----------------|
| Signature         |  | Registration No.<br>(Attorney/Agent) | 38,355          | Telephone | (720) 931-3011 |
| Name (Print/Type) | Curtis A. Vock  | Date                                 | August 14, 2006 |           |                |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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